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## FAX TRANSMISSION

**DATE:** March 30, 2006

**PTO IDENTIFIER:** Application Number 10/028004-Conf. #2388

Patent Number

**Inventor:** Robert R. Gilman et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** PATTON BOGGS LLP

James M. Graziano

**PHONE:** (303) 830-1776

**Attorney Dkt. #:** 013217.0177PTUS (401043-A-01-US)

**PAGES (Including Cover Sheet):** 11

**CONTENTS:**

Certificate of Transmission (1 page)  
Transmittal (1 page)  
Notice of Appeal (1 page)  
Pre-Appeal Brief Request for Review, with attachment (3 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal Form (2 for a total of 2 pages)  
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PTO/SB/97 (09-04)

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Application No. (if known): 10/028004

Attorney Docket No.: 013217.0177PTUS  
(401043-A-01-US)

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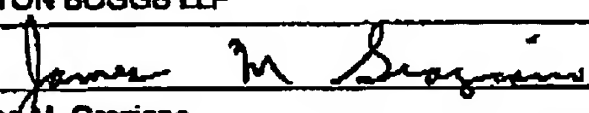
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number <b>10/028004-Conf. #2388</b>
		Filing Date <b>December 21, 2001</b>
		First Named Inventor <b>Robert R. Gilman</b>
		Art Unit <b>2134</b>
		Examiner Name <b>T. M. Szymanski</b>
Total Number of Pages in This Submission	<b>11</b>	Attorney Docket Number <b>013217.0177PTUS</b>

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (2 for a total of 2 pages)  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Modes) (1 page)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Pre-Appeal Brief Request For Review, with attachment (3 pages) 2. Payment by credit card. Form PTO-2038 is attached (1 page) 3. Charge \$620.00 to credit card
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	<b>PATTON BOGGS LLP</b>		
Signature			
Printed name	<b>James M. Graziano</b>		
Date	<b>March 30, 2006</b>	Reg. No.	<b>28,300</b>

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James Graziano

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PTO/BB/T7 (12-04V2)  
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Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b> Application Number: 10/028004-Conf. #2388 Filing Date: December 21, 2001 First Named Inventor: Robert R. Gilman Examiner Name: T. M. Szymanski Art Unit: 2134 Attorney Docket No.: 013217.0177PTUS (401043-A-01-US)					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 620.00							
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1848 Deposit Account Name: Patton Boggs LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b> Application Type Fee (\$) Small Entity Fee (\$)		<b>SEARCH FEES</b> Fee (\$) Small Entity Fee (\$)		<b>EXAMINATION FEES</b> Fee (\$) Small Entity Fee (\$)		<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity</b> <b>Fee (\$)</b> <b>Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
- 20 =		x	=		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>		
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 =		x	=				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00
1401 Notice of appeal							500.00
<b>SUBMITTED BY</b>							
Signature: <i>James M. Graziano</i>	Registration No. (Attorney/Agent): 28,300	Telephone: (303) 830-1778					
Name (Print/Type): James M. Graziano	Date: March 30, 2006						

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PTO/S&amp;T (12-04v2)

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FAX

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Effective on 12/06/2005. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4979).		Complete & Known					
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/028004-Conf. #2388				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 21, 2001				
		First Named Inventor	Robert R. Gaman				
		Examiner Name	T. M. Skymanski				
		Art Unit	2134				
		Attorney Docket No.	013217.0177PTUS (401049-A-01-US)				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 620.00							
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number <u>50-1848</u> Deposit Account Name: <u>Patton Boggs LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
- 20 =		x	=		<u>Fee (\$)</u>		<u>Fees Paid (\$)</u>
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>			
- 3 =		x	=				
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)			
- 100 =	50	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
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1401 Notice of appeal	500.00						
<b>SUBMITTED BY</b>							
Signature	Registration No. (Attorney/Agent)	Telephone					
<i>James M. Graziano</i>	28,300	(303) 830-1778					
Name (Print/Type): James M. Graziano	Date	March 30, 2006					

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